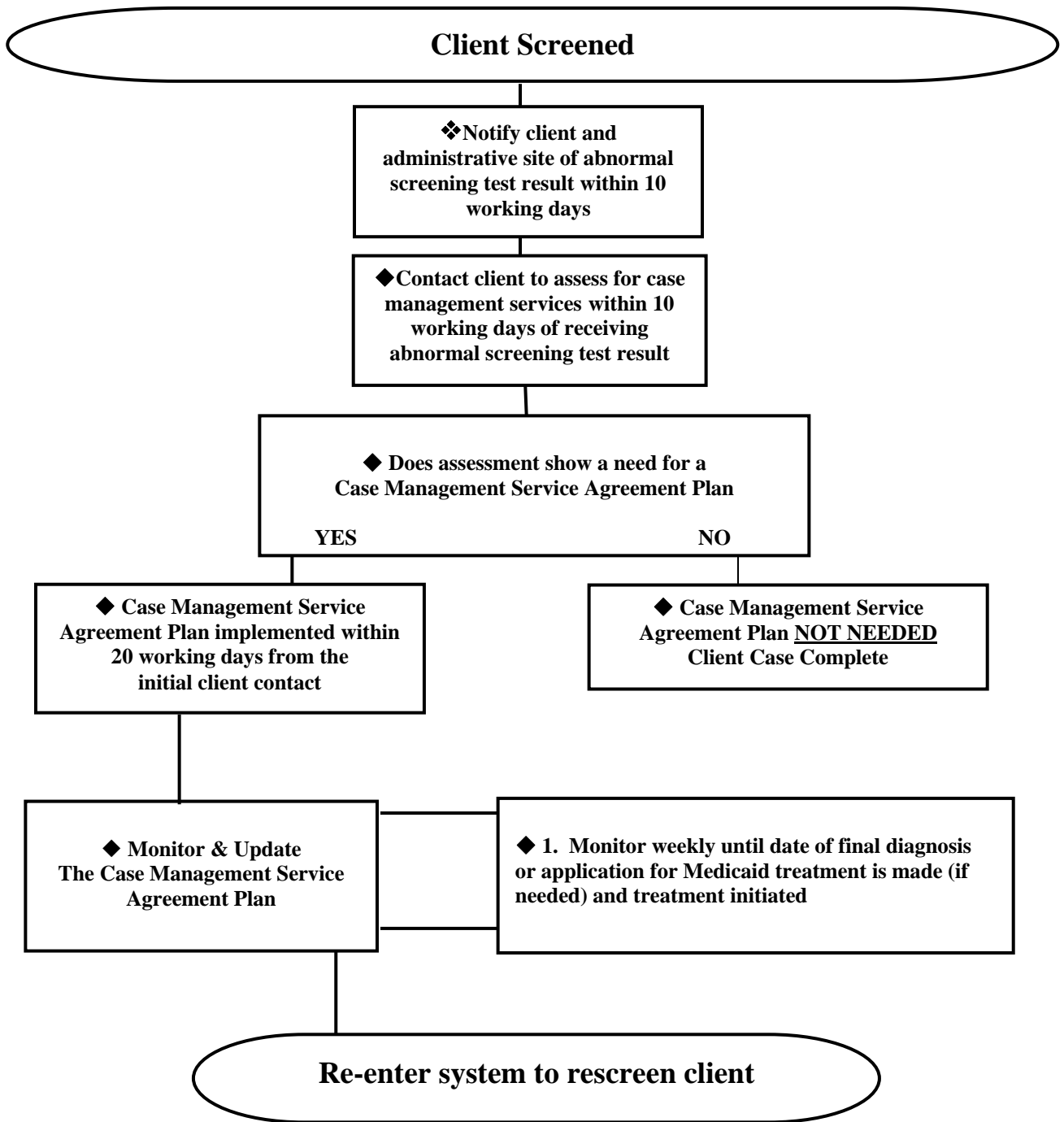


Montana Breast and Cervical Health Program Case Management Algorithm & Time Frames



Key: ◆ Administrative Site Case Manager ❖ Medical Service Provider
 The ideal is to work as quickly as possible and submit forms upon completion of case management services.
 All steps must be completed within timeframe guidelines.

MONTANA BREAST AND CERVICAL HEALTH PROGRAM

CASE MANAGEMENT SERVICE AGREEMENT PLAN

INSTRUCTIONS

1. Contact the client to assess for case management services within 10 working days of receiving abnormal screening test result.
2. Does the client anticipate any difficulties in obtaining diagnostic procedures, keeping follow-up appointments, or any other concerns she may need help with?
3. If needed, implement the Case Management Service Agreement Plan within 20 working days from the initial client contact.

PURPOSE

- a. The Case Management Service Agreement Plan serves as an agreement between the client and the case manager regarding the needed services. The Case Management Service Agreement Plan documents the procedure scheduled, provider's name, the appointment date or the rescheduled date, and the results. As new procedures are scheduled, they are added to the plan.
- b. Initiation of the Case Management Service Agreement Plan assures compliance with case management timeframes. This expedites the follow-up from the abnormal result to diagnosis. (See Appendix N)

DATE PLAN INITIATED

Enter the date the Case Management Service Agreement Plan was started.

CLIENT IDENTIFICATION

Information identifying the client is recorded.

PROCEDURE SCHEDULED

Record the type of procedure to be provided.

PROVIDER'S NAME

Record the name of the agency, program clinic, individual or source that will provide the needed service.

DATE APPOINTMENT SCHEDULED / OR RESCHEDULED

The date the appointment is scheduled or rescheduled to occur.

RESULTS

Record the outcome of the planned procedure. If the planned procedure did not occur, the reason should be documented in the results column.

COMPLETION DATE/INITIAL

Enter the date all services were completed, with the case manager's initials.

MONITORING DATES

Enter the dates to document that the case manager reviewed the plan weekly until date of final diagnosis or application to MBCCTP.

LOST TO FOLLOW-UP / REFUSAL: CONTACT ATTEMPTS

If the planned procedure did not occur due to lost to follow-up or client refusal, document the contact attempts and dates. (Manual Reference: 7-2, Bd-Be)